

TASC

Technical Assistance and Services Center

Flex Program Hour Highlights

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Topic: EMS

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Dan Manz, State EMS Director, VT*

Barak Wolff of the Office in Rural Health in New Mexico (505-476-7702 or barakw@doh.state.nm.us) opened the meeting by noting that Project Hope (www.projhope.org) is taking a lead in evaluating EMS in the CAH program. A team of evaluators will do site visits in selected states to provide a baseline of information on CAH (i.e. what is the current EMS status, what changes have started to take place due to CAH).

According to Barak, the most pressing issues about EMS are:

- Basic infrastructure support for EMS is inadequate;
- Reimbursement is not cost-based and is generally insufficient;
- Billing services are inefficient; and
- EMS is not always at the table in health policy and planning discussions.

Dan Manz, State EMS Director in Vermont (802-863-7263 or dmanz@vdh.state.vt.us) provided an overview of other EMS issues. He remarked that low volume ambulances are more costly because of fixed costs and limited revenue. Sometimes, he noted, improvements in EMS quality lag behind because of inadequate reimbursement. Terry Hill commented that many small ambulance services are inefficient in billing and, therefore, potential revenue is not managed.

According to Spencer Davis of Indiana, there seems to be disagreement among national organizations as to whether CAH-based ambulances should be paid cost-based reimbursement. On one hand, it would make the CAH system stronger, but on the other hand, it might be unfair to other small ambulance services to pay only CAH services the higher rate.

Some states shared their EMS experiences:

- Denzel Davis noted that in Montana, the EMS rollout is now complete with \$46K spent. They have established statewide transfer protocol and developed EMS training support including advanced trauma life support. He reported that there has been \$156K worth of requests for EMS programs.
- Lillian Redding in Wisconsin reported that eight CAHs are combining efforts to obtain EMS assessment with recommendations of how to improve their current service. Many are setting aside dollars for communication technology.
- David Moskowitz, State EMS Director in Arkansas, said that state staff visits each CAH applicant to decide how EMS will be incorporated into the system. All EMS services have been county ALS services and hospitals and ambulances are now talking about quality. Some CAH-associated ambulance services in the state are planning to upgrade their capacities from intermediate to advanced life support.